

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				61						
2				/			62						
3				/			63						
4				/			64						
5				/			65						
6				/			66						
7				/			67						
8				/			68						
9				/			69						
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39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			13				TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						